

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO. **10-031,955**
 FILING
 APPLICATION NO.

CLAIMS										
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1								51		
2								52		
3								53		
4								54		
5								55		
6								56		
7								57		
8								58		
9								59		
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14								64		
15								65		
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37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.	4							TOTAL IND.		
TOTAL DEP.	2							TOTAL DEP.		
TOTAL CLAIMS	10							TOTAL CLAIMS		